

#### MINNESOTA GI BILL REFUND RETURN FORM

# For Returning End of Year Balances or Post-Closure Refunds

## Returning End of Year Balance for use with Minnesota GI Bill Programs

Program Name	Aid Year	Amount of Refund
		\$
		\$
		\$
		\$
		\$

#### Return refund and form to:

Minnesota Department of Veterans Affairs Attn: Education and Employment 20 West 12<sup>th</sup> Street, 2<sup>nd</sup> Floor St. Paul, MN 55155

## Returning Individual Student Refund(s)\* for use with Minnesota GI Bill Programs

Student's Name	SSN	Program	Amount	Term	Aid Year	Reason *	If reason is PW or CH, please indicate enrollment level at: Time of Disbursement/Current. If OT, provide explanation.
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

WI – Total withdrawal from school after disbursement

PW – Withdrew from class but still enrolled

CH – Changed enrollment level, refunding full difference in awards

OT – Other (provide explanation above)

Person Returning Funds:	Phone #:	
Name of College:	Vendor ID:	Date Completed:

<sup>\*</sup>Schools should only return individual student refunds for Minnesota GI Bill programs if they occur after the school has closed out program activity for the aid year.